

SAP20 Rec'd FORTY TO 15 MAY 2006 PTO/SB/08A (04-03)
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Substitute for Form 1449/PTO		<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Application Number	10/579519
		Filing Date	
		First Named Inventor	Wolfgang SCHMID
		Art Unit	
		Examiner Name	
Sheet	1	of	1
		Attorney Docket Number	5367-238PUS

U.S. PATENT DOCUMENTS

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Examiner Signature		Date Considered	11-27-07
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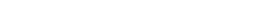
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Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ² Number ³ Kind-Code ⁵ (if known)	MM-DD-YYYY			
<i>AC</i>		WO 01/93386 A1	12/06/2001	Albrecht et al.		Abstract
<i>AC</i>		WO 02/067393 A1	08/29/2002	Albrecht et al.		Abstract

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